

Nurtured Connections, LLC

3248 Willow Drive Sierra Vista, AZ 85635. Jacquelyn Shelton-Raftery, MS, LAC

Consent to Treat with Licensed Associate Counselor

This form serves as notification that the counselor treating you is a Licensed Associate Counselor (LAC) and is seeking completion of hours to obtain independent licensure with the State of Arizona. All LAC counselors receive clinical supervision from this clinical supervisor and have a waiver of acceptance that has been approved by the Arizona Board of Behavioral Health Examiners. The clinical supervisor is independently licensed through the Arizona Board of Behavioral Health Examiners and approved to provide clinical supervision for the purpose of ensuring oversight of care. For any questions related to your care, you may contact the Clinical Supervisor at (520) 477-9151.

The therapist is operating as a supervised private practice named Nurtured Connections. It is owned and/or managed by a master's level, non-independent licensee under Board-approved clinical supervision pursuant to A.A.C. R4-6-211. The Board-approved clinical supervisor of this practice is Priscilla Whitlock-Coates MC, LPC, ITMHC-E®. She is the direct Clinical Supervisor, and all concerns, compliments, or questions should be directed to her.

Name: Priscilla Whitlock-Coates MC, LPC, IMH-E®

Phone Number: (520) 477-9151

Email: <u>bringaboutchanges@gmail.com</u>

Please be aware that your counselor may discuss your case with their clinical supervisor and that the supervisor will have immediate access to the clinical files to complete ongoing compliance reviews to ensure your counselor is maintaining appropriate documentation of therapeutic modalities. Both the counselor and the clinical supervisor are required to maintain participant confidentiality unless it is disclosed that you are a danger to yourself or others, have abused a child/elderly/disabled person, or are the victim of abuse as a child/elderly/disabled person.

Additionally, it is required by the Arizona Board of Behavioral Health Examiners that the supervisor, at times, be able to either attend sessions in person, view video recordings of the session, or listen to audiotapes of sessions. These supervision sessions may be one-on-one or in a group dynamic of not more than three supervisees. Supervisors are able to observe clinical skills through the practice of live supervision at any time. However, any audio or video taping of sessions would require additional consent from you, and at no time would you participate in audio or video taping without your knowledge and consent.

By signing below, you are acknowledging that you understand this notification and consent to treatment by a Licensed Associate Counselor (LPC) counselor and are in agreement with the supervision requirements.

You are aware that you may contact the direct clinical supervisor with all concerns, compliments, or questions.

Direct Clinical Supervisor:

Name: Priscilla Whitlock-Coates I	MC, LPC, IMH-E®
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Phone Number: (520) 477-9151

Email: <u>bringaboutchanges@gmail.com</u>

Client Signature	Date:
Parent/Guardian Signature	Date:
Counselor Signature	Date: